

CLASS PIN NUMBERS

CITY OF LAS VEGAS

DRIVER'S LICENSE NUMBER & STATE

Department of Leisure Services

YOUTH PROGRAMS PARTICIPANT INFORMATION FORM

Program/School	Grade	Track	Date of Birth	
Participant Name			Age	
Address	Apt. #	Zip Code	Phone	
Parent/Guardian #1		Cell Phone		
Work Location		Work Phone		
Parent/Guardian #2		Cell Phone		
Work Location		Work Phone		
E-Mail Address		SUMMER ONLY		
		Shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> XX-Large <input type="checkbox"/> Medium <input type="checkbox"/> X-Large	Swimmer <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> Advanced	

EMERGENCY CONTACT (someone other than parent/guardian):

I understand that it is my responsibility to provide current phone numbers and addresses.

Relationship: _____ Phone: _____

Relationship: _____ Phone: _____

MY CHILD MAY BE PICKED UP BY (someone other than parent/guardian):

Relationship: _____ Phone: _____

Relationship: _____ Phone: _____

MEDICATION: ☐ NO ☐ YES (If yes, please fill out additional form and attach photo.)

ALLERGIES OR SPECIAL NEEDS: _____

FEES: I understand that all fees/payments are due Thursdays for seasonal camps and Fridays for Safekey and Teen Scene. Daily rates will apply if making payment the week of service. Payment may be made in cash (at select locations), money order, credit card (MC, VISA, and DISCOVER), debit card, or check accompanied by a driver's license. Payments will only be accepted from adults listed on this form. _____ Initial

LATE PICK-UP FEE: I understand that if my child is not picked up by 6 p.m., a late fee of \$1.00 per minute per family will be charged beginning at 6:01 p.m. _____ Initial

ABSENTEEISM: I understand that no credit is given when a child is absent from the program. _____ Initial

SIGN-IN/ SIGN-OUT: I understand that each child must be signed in and/or out daily. The only person(s) authorized to pick up the child are those listed on this form and a photo ID must be shown. _____ Initial

PARENT HANDBOOK: I have received and will read and understand the policies and procedures outlined in the parent handbook. _____ Initial

Consent to Computer Biometric Identification

The City of Las Vegas intends to identify each user of certain municipal facilities by means of a computerized biometric finger scan. The biometric finger scan will be stored in a computer database and used to assist the City in determining that the person, who is seeking access to a municipal facility employing this identification procedure, is authorized to use such facility. Each person desiring access to a municipal facility employing this identification process will be requested to provide the necessary biometric finger scan in order to implement this identification procedure. Without proper identification, access will not be granted to certain municipal facilities.

Waiver of Claim

For ourselves, and/or on behalf of our child named above, our heirs, executors, and administrators, we hereby do expressly and forever waive and release the CITY OF LAS VEGAS DEPARTMENT OF LEISURE SERVICES, the CITY OF LAS VEGAS, and all their respective officers, employees, agents, or representatives from any and all liability for personal injury or damages, sustained, incurred, arising from, or connected with travel to, return from any and all classes, tournaments, and/or special events, and all activities related to, or in connection with said activity by ourselves or by our child. During City-sponsored programs and events, City staff may take photos of participants that may be used in professionally-designed City publications and promotional materials.

Signature of Parent/Guardian

FM-0036-08-09 TC

Date